



**Delaware Department of Justice
Accreditation Organization Application for Approval**

The Delaware Uniform Debt-Management Services Act, 6 *Del. C.* § 2401A, *et seq.* (the “Act”), requires the Delaware Attorney General Consumer Protection Unit (“CPU”) to review and approve organizations (each an “Organization”) that accredit debt-management programs.

To request approval of your Organization’s accreditation program (“Program”), you must complete sections I and II of the Application, provide the documentation requested in section III of the Application, and execute the affidavit attached hereto. ***Applications must be submitted by e-mail to DebtManagementServices@delaware.gov with a paper copy (including all additional documentation) mailed to the following address:***

Delaware Department of Justice
Carvel State Building
Consumer Protection Unit
Attn: Debt Management Services
820 N. French St.
5th Floor
Wilmington, DE 19801

If you have any questions about the Application, please contact the CPU.

I. Organization Information

Organization Name:	
Address:	
Telephone:	Fax:
Website:	

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Please provide the following information and attach supporting documentation that you feel is helpful to our evaluation of your Program. You may use additional sheets of paper if needed.

Description of Program, including mission statement if applicable:
Prerequisites to seeking accreditation, if any:
Length of accreditation process:
Cost of Program, including all application, course, and certification fees:

How often must debt-management programs renew their accreditation?
Is the renewal process different than the initial accreditation process? If so, how?
How can the CPU validate the accreditation status of a debt-management services provider?

II. Organization Contact Information

Contact Name:	Title:
Address:	
Telephone:	Fax:
E-mail address:	

III. Supporting Information

Please return this completed application with a copy of the following documents:

1. Outline of the proposed accreditation program
2. Copies of all forms, background materials, or applications given to providers seeking to become accredited.
3. A sample certificate of Program completion and certification.

ACCREDITATION ORGANIZATION AFFIDAVIT

State of _____)
) SS.
County of _____)

I, the undersigned, swear or affirm that:

- 1. I am authorized to submit the Application on behalf of _____; and
- 2. The information contained in the Application is true and accurate to the best of my knowledge.

Signature of Affiant

Printed Name of Affiant

Title of Affiant

Sworn or affirmed and subscribed before me this ____ day of _____, 20 ____.

Notary Public

SEAL

My commission expires: _____